	FOR UTILITY OR	Attorney Docket Number	29191-704			
DE	SIGN	First Named Inventor	John T. Stults et al.			
PATENT A	PPLICATION	COMPLE	TE IF KNOWN			
(37 CF	FR 1.63)	Application Number	10/681,742			
Declaration Submitted OR with Initial Filing	□ Declaration     □ Submitted after Initial	Filing Date	October 7, 2003 Not Yet Assigned			
	Filing (surcharge (37 CFR 1.16(e))	Group Art Unit				
· iiiig	required)	Examiner Name	Not Yet Assigned			

As a	As a below named inventor, I nereby declare that:									
My residence, post office address, and citizenship are as stated below next to my name.										
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:										
METHODS AND APPARATUS FOR SELF-OPTIMIZATION OF ELECTROSPRAY IONIZATION DEVICES										
				(Title of the	Invention)					
the s	pecification of which is attached heret OR			·						
$\boxtimes$	was filed on (MM/	DD/YYYY)	10/07/2	003	as United	States Applica	ation Number or F	CT International		
Application Number 10/681,742 and was amended on (MM/DD/YYYY) [ (if applicable).										
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.										
I ackno	wledge the duty to d	lisclose inform	ation which is	material to par	tentability as def	ined in 37 CFF	R 1.56.			
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or []365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.										
	oreign Application Number(s)	Country		n Filing Date /DD/YYYY)	Prio Not Cla		Certified Co YES	oy Attached? NO		
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☐ Add	litional foreign applic	ation numbers	s are listed on	a supplement	al priority data si	neet PTO/SB/0	28 attached here	to:		
I hereby	claim the benefit u		. 119(h) of an	United States	provisional app	lication(s) liste	d below.			
	Application Number	r(s)	Filing	Date (MM/DD	MYYY)	numb suppl	ional provisional a lers are listed on a emental priority d SB/028 attached l	a ata sheet		

(Page 1 of 3)

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PTO/SB/01 (12-97)
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## **DECLARATION** — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of the application is not designated in the prior United States or PCT international application in the manner provided by the first paragraph of 31 U.S.C. 112. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.														
U.S. Parent Application or PCT Parent Number						Parent Filing Date (MM/DD/YYYY)				Pa	Parent Patent Number (if applicable)			
								,						
Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.														
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the										the				
Patent and Trademark Office connected therewith:   Customer N					tomer Nu	ımber	0219			•	<b></b>		Place Customer Number Bar	
OR  Registered practitioner(s) name/registration number listed below														
Registration Name Number					Name				Jei iisted b	Registration Number				
		-					- Name				Number			
Additional regis	☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.													
Direct all correspondence to: ☐ Customer Number or Bar Code Label ☐ OR ☐ Correspondence address below														
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Country	U.S.	Telephone 650-493-9300 Fa						Fax	650-493					
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.														
Name of Sole or First Inventor:														
Given Name (first and middle (if any)							Family Name or Surname							
JOHN T. STULTS														
Inventor's Signature					1	٥				Date		112/04		
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Post Office Addre	ss												-	
City		State					ZIP	ZIP Co			Countr	ountry		
Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto:														

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DE	CLARATIO	JAH 2.	· · · · · · · · · · · · · · · · · · ·	ناد ظهر		ADDITIONAL Supplem Page 3	ental She	et	5)
		3		3					
Name of Additional	Joint Inventor,	if any TRA	DEMARK		A petition h	nas been filed for	this unsig	ned	inventor
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Jı	ONATHAN C			HELLER					
Inventor's Signature	solelle						Date	7	An 15 Seat
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City	State				ZIP	Country			
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Given Name	(first and middle (i	f any)	Family Name or Surname`						
Inventor's Signature							Date		
City		State			Country		Citizenship		
Post Office Address									
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City		State			ZIP		Country		
Name of Additional Joint Inventor, if any:								inventor	
Given Name	Family Name or Surname								
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Inventor's Signature							Date		
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